

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

Pharmacy Technician Registration - Reinstatement Instructions

Please review N.J.A.C. 13:39 – 6.14 “Reinstatement from administrative and disciplinary suspensions of a pharmacy technician's registration”

1) A Board may reinstate the professional or occupational license or certificate of registration or certification of an applicant whose license or certification has been suspended pursuant to section 5 of P.L.1999, c. 403 (C.45:1-7.1), provided that the applicant otherwise qualifies for license or licensure, registration or certification and submits the following upon application for reinstatement:

a. Payment of all fees:

- Late fee of \$25.00
- Fingerprint resubmit fee of \$20.25
- Past due renewal fees. If you **missed** the “Renewal Year” below, you must pay the corresponding missed renewal fee amount:

Renewal Year = 2014. Renewal Fee amount due = \$70.00

Renewal Year = 2012. Renewal Fee amount due = \$140.00

You may send a Check or Money Order made payable to the “NJ Division of Consumer Affairs”. Please clearly print your full name on the check or money order.

- b. An affidavit of employment listing each job held during the period of expired registration which includes the names, address, and telephone numbers of each employer; and**
 - c. Completion of Certification and Authorization form for a Criminal History Background Check;**
- 2) Submit the completed application, all supporting documentation & fees to the address below:**

New Jersey Board of Pharmacy
P.O. Box 45013
Newark, New Jersey 07101

*** Please mail your application, all required supporting documentation and fees at the same time to ensure the most efficient processing of your request.**



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

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124 Halsey Street, 6th Floor, Newark, NJ 07102



JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

Application for Reinstatement of Pharmacy Technician Registration

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

You may not work as a pharmacy technician in the State of New Jersey until your Registration is Reinstated

Please type or print clearly. You must answer all of the questions on this application.

Personal Information:

1. _____
Last name First name Middle initial

2. Date of birth: _____ SSN# : _____

3. Address:

Street or P.O. Box City State ZIP code

Telephone number (include area code) E-mail address

Cell phone number Work telephone number

License number Date of last Renewal

Answer all questions from the time period that you were last registered in New Jersey

1. Have you been convicted of a crime? ☐ Yes ☐ No
2. Are there any criminal charges against you now pending?
(Parking or speeding violations do not require you to answer "Yes," but all other motor vehicle offenses must be disclosed) ☐ Yes ☐ No
3. Has your professional license been revoked or suspended
(whether active or stayed) by any licensing board? ☐ Yes ☐ No
4. Is any action now pending against your professional license
or have you been permitted to surrender or otherwise relinquish
your license to avoid inquiry, investigation or action by any state
licensing board? ☐ Yes ☐ No

AFFIDAVIT OF APPLICANT

I, _____, being duly sworn, depose and say under penalty of false statement, I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

Applicant's Full Signature

Date

Notary's Full Signature

Date

Notary's Commission Expires: _____

Affidavit of Employment

Complete affidavit of employment listing each job held during the period of **expired /suspended registration within State of NJ**, includes the names, address, and telephone numbers of each employer.

1. **Did you work as pharmacy technician in any other state while being in *expired status* or *suspended status* in the State of New Jersey ?**

☐ **Yes** ☐ **No** If yes, please complete the following information:

Employer Name _____

Address _____

Telephone # _____

Current Dates from _____ to _____ Total Number of hours _____

Employer Name _____

Address _____

Telephone # _____

Current Dates from _____ to _____ Total Number of hours _____

2. **List all other employers for this time period (*whether Pharmacy related or not*) that are not included in question # 1 above.**

Employer Name _____

Address _____

Telephone # _____

Current Dates from _____ to _____ Total Number of hours _____

Employer Name _____

Address _____

Telephone # _____

Current Dates from _____ to _____ Total Number of hours _____

AFFIDAVIT OF APPLICANT

I, _____, being duly sworn, depose and say under penalty of false statement, I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

Applicant's Full Signature _____

Date _____

Notary's Full Signature _____

Date _____

Notary's Commission Expires: _____

Official Use Only

☐ Dual License
License Type 1

Applicant's Number

License Type 2

Applicant's Number



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Board of Pharmacy

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Newark, New Jersey 07101

(973) 504-6450

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☐ Resubmit

Board or Committee

CERTIFICATION AND AUTHORIZATION FORM FOR A CRIMINAL HISTORY BACKGROUND CHECK

Directions: Answer all of the questions on this form.

- Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
Last First Middle Maiden Name
- Address _____
Street or P.O. Box City State ZIP code
- Date of birth ____/____/____ Sex: ☐ Male ☐ Female
Month Day Year
- Social Security number ____/____/____
- Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No
 If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.
 If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting

Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$20.25.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

- Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date